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<b>Substitute for form 1449/PTO</b>  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Complete if Known</b>	
				Application Number	10/579,325
				Filing Date	May 16, 2006
				First Named Inventor	Michael A. Reid
				Art Unit	N/A
				Examiner Name	Not Yet Assigned
Sheet	1	of	1	Attorney Docket Number	65583 (50024)

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
/GC/	AA	US-6,533,037	03/18/2002	Eslinger et al.	Claim No. 1-6, 10
	AB	US-2,698,586	01/04/1955	Elonzo et al.	Claim No. 1-6, 10
	AC	US-4,420,044	12/13/1983	Pullin et al.	Claim No. 1, 10
	AD	US-5,862,864	01/26/1999	Whiteford et al.	Claim No. 1, 10
	AE	US2001/054505 A1	12/27/2001	Carmody, Michael A. et al.	Claim No. 1, 10

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	MM-DD-YYYY			

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NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
/GC/	CA	Description and image of PES SI Retrieval Injection Valve, Halliburton Completion Solutions Catalogue Number H03440 06/03, Pages 7-28 to 7-29	
/GC/	CB	Copy of International Search Report mailed 08/03/2005	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Examiner Signature	/Giovanna Collins/	Date Considered	09/30/2007
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